



HOUSE OF RUTH
MARYLAND

Training Institute presents:

Working With Perpetrators of Intimate Partner Violence

**April 15th, 16th, & 17th 2015
9am to 5pm each day**

Workforce & Technology Center
2301 Argonne Drive
Baltimore City, MD

\$300/person for all three days!

16 Category I Social Work CEUs included with cost.

No partial CEUs offered.

***In addition to this 24 hour training, observation of 3 group sessions is required
to meet Maryland State Guidelines Training Requirement.***



**1 in 4 women will be a victim of physical abuse at
the hands of an intimate partner.**

**It's time to stop asking "why does she stay?" and
start asking "why does he abuse?"**

**All trainers are experts currently working in the
field.**

Topics to be Covered:

- Local & National research on intervention effectiveness
- Review of Maryland State Guidelines for Abuse Intervention Programs
- History & Models of Interventions
- Interviewing & Engagement Strategies
- Facilitation Skill Building
- Victim Contact & Safety Concerns
- Lethality & Risk Assessment
- Engaging Participants as Parents
- Policy & Program Development Tips
- Group Dynamics
- And More!



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Please complete this registration form and return it with payment to: **House of Ruth Maryland, Attn: Danielle Branche** by fax: **410.889.9347**, email: **dbranche@hruthmd.org** or mail: **2201 Argonne Dr. Baltimore, MD 21218**. Confirmation of your registration will be emailed to you along with detailed location information, directions and parking details. Please complete a separate registration form for each participant. If you have questions, please contact Danielle at: dbranche@hruthmd.org or 410.261.3025.

Please print clearly

Last Name

First Name

Title

Agency

Address

City

State

Zip

Phone

Email

Registration fee of \$300 must be included to reserve your seat

Fee includes training manual, continental breakfast, snacks, completion certificate, and 16 Category I Social Work Continuing Education Units for those who attend the full training.

Due to space limitations, partial registrations will not be accepted.

☐ Check or money order payable to House of Ruth Maryland.

Check or Money Order # _____

☐ Credit Card: (circle one) Visa MasterCard Am. Express

Card# _____ Exp. Date: _____

Signature: _____

Please indicate any special needs (access, etc.): _____